

## Risk Assessment Review Form

Program Name: \_\_\_\_\_ Program Year: \_\_\_\_\_

Current Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

### Section One

Risk Factors	Yes	No
Has the program had any Compliance findings warranting a high risk rating?		
Answering yes above automatically places a program in the high risk category. The conditions of this assessment should be described in the comments section below.		

**Consider all questions in sections two and three pertaining to the last grant year unless otherwise specified.**

### Section Two

Risk Factors	Yes	No
Has the organization received AmeriCorps State funds through the Governor's Office of Community Service for more than 3 years?		
Has the program submitted all of their financial reports on time?		
Has the program submitted their progress reports on time?		
Does lead programmatic staff have greater than 5 years combined experience with AmeriCorps state and national grants?		
Does lead financial staff have greater than 5 years combined experience with federal grants?		
Does the organization have experience managing non-AmeriCorps Federal grants?		
Has program staff attended all required trainings?		
Does the program communicate updates/issues to OCS?		
Has the program met their budgeted match?		
Does the organization produce audited financial statements (preferably A-133)? State, Federal and Local government organizations are exempt from this criteria.		
<b>TOTAL "No" responses</b>		

### Section Three

Risk Factors	Yes	No
In the last year has the program had turnover in key program Staff?		
Has the program had significant problems in member retention?		
Has the program failed to fill all of their member slots?		
Has OCS received any complaints regarding the program?		
Has the program exceeded the 10% budget transfer limit?		
<b>TOTAL "Yes" responses</b>		

<b>Sum of section two and three totals</b>	
Total greater than or equal to five	High Risk
Total less than five	Med. Risk
Total of Zero	Low risk

Comments:

**Site Visit Monitoring Plan**

Site Visit Monitoring of subgrantees will be based on risk assessed and follow the guidelines described below. At the beginning of each grant Commission staff will assess the risk associated with each sub-grantee using the Risk Assessment Review Form. At the discretion of OCS staff the risk level of a program may be reconsidered at any time. The site monitoring plans described below represent minimum requirements. Additional monitoring may be administered at the discretion of commission staff

**Planning Grants**

Planning grants will receive one site visit per year covering the financial aspects of the organization

**Fixed Amount Grants**

Monitoring visits will only be conducted on programmatic requirements for fixed amount grantees.

**High Risk**

Commission staff will conduct at least one site visit a year with a focus on the identified deficiencies in the organizations management. Additional site monitoring will be conducted as needed to track compliance efforts. Programs assessed as high risk will be given a corrective action plan to work toward compliance.

**Medium Risk**

Commission staff will conduct one site visit per year alternating between financial and programmatic visits.

**Low Risk**

Commission staff will conduct at least one site monitoring visit every other year. Site visits may cover programmatic or financial operations or some combination of the two.